

Don P. Johnson  
Town Manager

1/13/03 (4)  
**TOWN OF ACTON**  
472 Main Street  
Acton, Massachusetts, 01720 2/10/  
Telephone (978) 264-9612  
Fax (978) 264-9630 (4)

November 25, 2002

The Acton Beacon:

Atten: **ACTON BEACON LEGAL REPRESENTATIVE**

Please place the following Legal **Notice** in the Thursday, December 5, 2002 edition of the Acton Beacon. *Please send bill to:*

Wayside Management Corporation  
48 Powder Mill Road  
Acton, MA 01720  
978-568-8000

Very truly yours,

Christine M. Joyce  
Town Manager's Office

**Please confirm receipt of this Fax to: Christine @ 978-264-9612**  
**FAX 978-264-9630**

**Town of Acton  
Notice of Hearing**

Notice is hereby given under Chapter 138 of the General Laws, that the Board of Selectmen will hold a hearing in Room 204 in the Acton Town Hall on January 13, 2003 at 7:15 P.M. on the application of Wayside Management Corporation d/b/a Assabet Beer and Wine for a Beer and Wine Package Store License at 48 Powder Mill Road, Acton, MA 01720.

**ACTON BOARD OF SELECTMEN**

**TOWN OF ACTON**  
472 Main Street  
Acton, Massachusetts, 01720  
Telephone (978) 264-9612  
Fax (978) 264-9630

**Don P. Johnson**  
**Town Manager**

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November 25, 2002

Wayside Management Corp.  
Leo Bertolami  
50 Powder Mill Road  
Acton, MA 01720

Dear Mr. Bertolami:

Enclosed please find a copy of advertisement to appear in the Acton Beacon on Thursday, December 5, 2002, at your expense.

The ABCC requires the time and date of such hearing for a license be placed in the local newspaper. Your hearing is scheduled for **January 13, 2003** at **7:15 P.M.** in Room 204 of the Acton Town Hall. Within the Next couple of weeks please submit in writing to this office the rules and regulations you plan to put in place for the control of Alcoholic Beverages being sold from your establishment.

If you have any questions prior to that date, please feel free to call me at 264-9612.

Very truly yours,

Christine M. Joyce  
Town Manager's Office

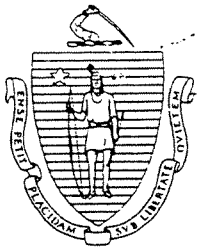
cc: File  
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## **Assabet Beer and Wine**

Assabet Beer and Wine fully intends to operate and adhere to all laws regarding underage customers. Please know the following policy will be signed by both partners and all employees of Assabet Beer and Wine and will be followed.

Each employee as well as the owners will check for the following information regarding customers who appear under the age of 30. All legal ID will be asked for, such as Massachusetts Driver's licenses and/or Identification cards, United States Military Identification cards, or Passports. If an identification card is suspected of being tampered with or is false, no alcoholic beverage package(s) will be sold to that individual. Signs will be posted for all customers to present their identification card when making an alcoholic package purchase. The same policy will be used for the sale of all tobacco products, especially when the customer is only purchasing a tobacco product from Assabet Beer and Wine.

Any customer who attempts to purchase an alcoholic package and appears to be already intoxicated will be denied the purchase. Employees will be instructed to look for the following behavior(s). If the customer presents themselves smelling of alcohol, is swaying while standing at the check-out counter or walking within the store, and/or their speech is slurred, the sale will be denied.



The Commonwealth of Massachusetts  
The Alcoholic Beverages Control Commission  
239 Causeway Street, Suite 200  
Boston, MA 02114

Telephone: 617- 727-3040  
FAX: 617- 727-1258

**FORM A**  
**LICENSEE PERSONAL INFORMATION SHEET**

THIS FORM MUST BE COMPLETED FOR EACH:

- ☒ A. NEW LICENSE APPLICANT
- ☐ B. APPOINTMENT OR CHANGE OF MANAGER  
IN A CORPORATION
- ☐ C. TRANSFER OF LICENSE (RETAIL ONLY-SEC. 12 & SEC. 15)

(Please check which transaction is the subject of an application accompanying this Form A.)

PLEASE TYPE OR PRINT ALL INFORMATION

ALL QUESTIONS MUST BE ANSWERED AND TELEPHONE NUMBERS PROVIDED OR  
APPLICATION WILL NOT BE ACCEPTED.

1. LICENSEE NAME Wayside Management Corporation  
(NAME AS IT WILL APPEAR ON THE LICENSE)
2. NAME OF (PROPOSED) MANAGER To be determined / President - Leo Bertolami
3. SOCIAL SECURITY NUMBER 019-40-4297
4. HOME (STREET) ADDRESS 6 Prector Street, Acton, MA
5. AREA CODE AND TELEPHONE NUMBER (S): (Give both, your home telephone and a number at which you can be reached during the day).  
DAY TIME # 978-568-8000 HOME# 978-263-5100
6. PLACE OF BIRTH: Lincoln, MA 7. DATE OF BIRTH: 9/17/49
8. REGISTERED VOTER: ☒ YES ☐ NO 8A. WHERE ? : \_\_\_\_\_
9. ARE YOU A U. S. CITIZEN: ☒ YES ☐ NO
10. COURT AND DATE OF NATURALIZATION (IF APPLICABLE): \_\_\_\_\_  
(Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth Certificate or Naturalization Papers)

(Over)

11. FATHER'S NAME: Leo Bertolami 12. MOTHER'S MAIDEN NAME: Rose Anzalone

13. IDENTIFY YOUR CRIMINAL RECORD, (Massachusetts, Military, any other State or Federal): ANY OTHER ARREST OR APPEARANCE IN CRIMINAL COURT CHARGED WITH A CRIMINAL OFFENSE REGARDLESS OF FINAL DISPOSITION:

       YES   ✓   NO (MUST CHECK EITHER YES OR NO)

IF YES, PLEASE DESCRIBE OFFENSE (S) SPECIFIC CHARGE AND DISPOSITION (FINE, PENALTY, ETC.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY:        YES   ✓   NO  
IF YES, PLEASE DESCRIBE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. FINANCIAL INTEREST, DIRECT OR INDIRECT, IN THIS OR ANY OTHER LIQUOR LICENSE, PERMIT OR CERTIFICATE:        YES   ✓   NO

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

16. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address and if known, Telephone Numbers):

President of Management Corporation

\_\_\_\_\_  
\_\_\_\_\_

17. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: As needed

18. I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BY: Leo Bertolami, President  
PROPOSED MANAGER SIGNATURE  
President

3-25-02  
DATE

THE COMMONWEALTH OF MASSACHUSETTS  
ALCOHOLIC BEVERAGES CONTROL COMMISSION

Application for Alcoholic Beverage License for Retail Sale

City/Town: Acton

- ☒ New License  
☐ Transfer of License  
☐ Transfer of Stock
- ☐ New Officer/Director  
☐ Other \_\_\_\_\_  
(Specify)

1.

Name to appear on the license: <u>Wayside Management Corporation</u>	FID # <u>042-972068</u>
Business name (d/b/a), if different: <u>Assabet Beer and Wine</u>	
Manager of Record: <u>To be determined</u>	FID of Licensee:
Address of Premises; Street: <u>50 Powdermill Rd., Acton, MA</u>	Zip code: <u>01720</u>
Phone number of premises: ( ) <u>none</u>	

2. Type of license: (check only one)

- ☐ Club  
☐ General on premise  
☐ Innholder
- ☒ Package store  
☐ Restaurant  
☐ Tavern
- ☐ Veterans club  
☐ Other \_\_\_\_\_  
(Specify)

3. License Category:

☐ All Alcoholic  
☐ Malt only  
☐ Wine and Malt with Cordials Permit

☒ Wine and Malt  
☐ Wine only

4. License Class:

☒ Annual  
☐ Seasonal

5. Person (attorney if applicable) who can be contacted concerning this application:

Name: <u>Debra Cavestis, Esq.</u>
Address: <u>51 Swan Pond Rd., North Reading, MA 01864</u>
Phone number: <u>(978) 664-2555</u>

6. Give a full and complete description of the premises to be licensed, including location of all entrances and exits:

former Wine Cask premises, without any alterations

6a. N/A - package store

Seating capacity:	Occupancy number:
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7. Applicant is an: ☐ Association ☒ Corporation ☐ Individual  
☐ Partnership ☐ Non-profit corporation

13e. Will the inventory be pledged?

☐ Yes

☒ No

If yes, specify to whom \_\_\_\_\_

13f. If a corporation, are you seeking approval for any corporate stock to be pledged?

☐ Yes

☒ No

If yes, identify to whom and identify the number of shares to be pledged. \_\_\_\_\_

**OWNERSHIP INTERESTS**

14. State the following information for all persons or entities who will have any direct or indirect beneficial or financial interest in this license:

Full Name	Home address	D.O.B.	SSN	Phone Number

14a. Describe all types of beneficial or financial interest each person or entity identified in Question 14 will have in this license:

Person or entity	Beneficial or financial interest

14b. Does any person or entity listed in Question 14 have any direct or indirect beneficial or financial interest in any other license granted under Chapter 138?

☐ Yes

☒ No

(If yes, provide the following for each person or entity.)

Name	Type of license	License name and address	Description of Interest

11. Will there be any construction, remodeling, redecorating or building on the premises for this license?  
☒ Yes ☐ No (If yes complete a,b,c, and d)

a. Give an exact description of the construction, remodeling, redecorating or building on the premises : \_\_\_\_\_

remodel facade and interior update, no structural alteration

b. What are the estimated costs? \$25,000.00

c. What is the construction schedule? within 90 days after issuance of license

d. State all sources of construction financing: Community National Bank

17 Pope Street, Hudson, MA 01749

12. Do you own the premises? ☒ Yes ☐ No. If yes, please respond to the question below.

☐ As an individual ☐ Jointly Wayside Development Trust Name of Realty Trust

\_\_\_\_\_  
Name of Corporation

☐ Other \_\_\_\_\_  
(specify)

(If you do not own the premises to be licensed, provide the following information about the owner.)

Name: \_\_\_\_\_ Phone number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

12a. If a lease or rental, provide the following information: \$ \_\_\_\_\_ per \_\_\_\_\_  
(month, year, etc.)

Beginning date of lease \_\_\_\_\_ Ending date of lease \_\_\_\_\_  
(provide a copy of the lease.)

Financial

13. What assets were purchased and cost?

Equipment: \$	Furniture: \$	Goodwill: \$
Inventory: \$	License: \$	Premise: \$

13a.

Total Purchase Price: \$

13b.

Identify in the box below all sources of financing?

Mortgage: \$	Seller: \$
Cash: \$	Other (specify): \$

Document all sources e.g., -Loan papers, checking accounts, stock sales, etc.)

13c.

All other terms and conditions:

(provide purchase and sale documents)

13d. Are you seeking approval for license to be pledged? ☐ Yes ☒ No

If yes, to whom? \_\_\_\_\_



8. If applicant is an individual or partnership: List for individual or each partner.

Full Name	Home Address	D.O.B.	SSN

8a. Is individual or are all partners United States citizens?

\_\_\_ Yes \_\_\_ No

If no, specify citizenship: \_\_\_\_\_

8b. Is individual or are all partners involved at least twenty-one years old?

\_\_\_ Yes \_\_\_ No

9. If the applicant is a corporation, complete the following:

State of Incorporation: <u>Massachusetts</u>	Date of Incorporation: <u>6/8/87</u>
Fiscal Year Ends: <u>December 31</u>	Date qualified to do business in MA: <u>1987</u>

9a. How many shares of stock are authorized? \_\_\_\_\_

How many shares of stock are issued? 100

Provide in the box below the names of all officers, directors, stockholders and manager.

Use \* to indicate director

Title	Full Name	Home Address	D.O.B.	SSN	Shares of stock owned or controlled
President Stockholder *	Leo Bartolami	6 Proctor Street, Acton, MA	9/17/49	019-40-4297	100
Clerk *	Jane Bartolami	6 Proctor Street, Acton, MA	9/26/54	022-44-4799	

9b. Attach a copy of the vote by the Board of Directors appointing a manager or principal representative.

*To be provided when Manager determined*

9c. If the applicant is a corporation, answer the following questions:

1. Are the majority of directors United States citizens? ☒ Yes \_\_\_ No

2. Are the majority of directors citizens of Massachusetts? ☒ Yes \_\_\_ No

3. Is the manager or principal representative a U.S. citizen? *N/A* ☒ Yes \_\_\_ No

10. If the applicant is an association, provide in the box below the names of all association officers and members.

Title	Full Name	Home Address	D.O.B.	SSN	Phone Number

14c. Has any person or entity named in Question 14 ever held a license or a beneficial interest in a license issued under Chapter 138 which is not presently held?      Yes      No (If yes, provide the following for each person or entity.)

Name	Type of License	License name and address	Date ownership surrendered

14d. Describe how all licenses identified in Question 14c were terminated (e.g. transfer of ownership, non-renewal, surrender, etc.):

Date	License	Reason why the license was terminated

14e. Has any person or entity named in Question 14 ever had a license suspended, revoked, or cancelled?      Yes      No (If yes, provide the following information)

Date	License	Reason why the license was suspended, revoked, or cancelled

14f. Has any person or entity named in Question 14 ever been convicted of violating any state, federal or military law?      Yes      No (If yes, attach a statement of details.)

15.    **a. Each individual applicant must sign.**  
       **b. Applications by a partnership must be signed by a majority of the partners.**  
       **c. Applications by a corporation must be signed by an officer authorized by a vote of the corporations Board of Directors.**  
       **d. Applications by an association must be signed by a majority of the members of the governing body. All signers must have answered question 10.**  
       **e. False information or failure to disclose are reasons to revoke a license or deny a license application.**

Signed and subscribed to under the penalty of perjury, this 25<sup>th</sup> day of

March 25, 2002.

By: Signature of Full Name

Leo Bertolami  
Leo Bertolami  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Title

President  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CORPORATE RESOLUTION  
OF  
WAYSIDE MANAGEMENT CORPORATION

I, Jane Bertolami, do hereby certify that at a special meeting of the board of directors of Wayside Management Corporation, a corporation organized under the laws of the Commonwealth of Massachusetts (hereinafter referred to as the "Company") duly called and held on the 20th day of March, 2002, the following resolution was duly adopted and is in conformity with the charter and by laws of the Company and is in full force and effect:

RESOLVED, that the Company apply for a liquor license from the Town of Acton.

IN WITNESS WHEREOF, I have hereunto set my hand as Secretary of the Company and affixed its corporate seal on this                      day of March, 2002.

Wayside Management Corporation

By: Jane Bertolami L.S.  
Its Secretary

# **Town Manager's Office**

## ***INTERDEPARTMENTAL COMMUNICATION***

**To:** Board of Health, Building Comm., Police & Fire Chiefs

**Date:** 11/25/02

**From:** *Christine Joyce, Town Manager's Office*

**Subject:** Liquor License- Wayside Management Corporation, 98 Powder Mill Road

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Enclosed please find a copy of the application for a Beer and Wine as a Package Store license for Wayside Management Corp. d/b/a Assabet Beer and Wine.

The public hearing is scheduled for **7:15, January 13, 2003..**


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**TOWN OF ACTON**

**Building Department**

***INTERDEPARTMENTAL COMMUNICATION***

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**To:** Don P. Johnson, Town Manager **Date:** December 16, 2002  
**From:** Garry A. Rhodes, Building Commissioner   
**Subject:** Liquor License, Wayside Management Co  
40 50 Powder Mill Road

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I have reviewed the application for the Liquor License at 50 Powder Mill Road. The property is currently undergoing renovation. I will not have any concerns once the renovation is completed.

**Christine Joyce**

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**From:** Heather Marceau  
**Sent:** Monday, December 09, 2002 3:43 PM  
**To:** Christine Joyce  
**Cc:** Doug Halley  
**Subject:** Wayside Management, 50 Powdermill Road

December 9, 2002

Re: ~~50~~<sup>48</sup> Powdermill Road, Acton, MA - Liquor License

This memo will serve as notification that the Health Department has been in contact with Leo Bertolami regarding his application for a liquor license at ~~50~~<sup>48</sup> Powdermill Road, Acton, MA. At this time, it is under discussion as to what food products, if any, he may be selling at this site. He has been given the application paperwork for both food service and sale of tobacco products and the Department will be meeting with him in the near future to ensure compliance if needed.

Heather Marceau  
Acton Board of Health  
978-264-9634

# Acton Police Department

## InterDepartmental Memo

**From:** Frank J. Widmayer, Chief of Police

**Date:** December 13, 2002


**To:** Don Johnson, Town Manager

**Subj:** Liquor License, <sup>48</sup>~~50~~ Powder Mill Road

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I have reviewed the license request submitted by Wayside Management Corporation.

I recommend for the issuance of the license.

  
\_\_\_\_\_  
Frank J. Widmayer  
Chief of Police

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INTEROFFICE MEMORANDUM

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**TO:** CHRISTINE JOYCE, TOWN MANAGER'S OFFICE  
**FROM:** ROBERT C. CRAIG, FIRE CHIEF  
**SUBJECT:** LIQUOR LICENSE – WAYSIDE MANAGEMENT CORP., 50 POWDERMILL ROAD  
**DATE:** JANUARY 9, 2003  
**CC:**

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Please be advised that I have no comment or objection to the above named license.

A handwritten signature in black ink, appearing to read "Robert C. Craig", with a long horizontal flourish extending to the right.

Robert C. Craig

Fire Chief